

**SCHEDULE H  
(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Hospitals**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public  
Inspection****FRANCES MAHON DEACONESS HOSPITAL**

Employer identification number

**81-0231786****Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>X</b>	
<b>b</b> If "Yes," was it a written policy?	<b>X</b>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <b>140%</b>	<b>X</b>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <b>240%</b>	<b>X</b>	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>X</b>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>X</b>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>X</b>	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<b>X</b>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>X</b>	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>X</b>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			<b>279,276</b>		<b>279,276</b>	<b>0.77</b>
<b>b</b> Medicaid (from Worksheet 3, column a)					<b>0</b>	<b>0.00</b>
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					<b>0</b>	<b>0.00</b>
<b>d</b> <b>Total.</b> Financial Assistance and Means-Tested Government Programs			<b>279,276</b>		<b>279,276</b>	<b>0.77</b>
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			<b>141,651</b>		<b>141,651</b>	<b>0.39</b>
<b>f</b> Health professions education (from Worksheet 5)						<b>0.00</b>
<b>g</b> Subsidized health services (from Worksheet 6)			<b>4,086,071</b>	<b>2,039,480</b>	<b>2,046,591</b>	<b>5.68</b>
<b>h</b> Research (from Worksheet 7)					<b>0</b>	<b>0.00</b>
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			<b>6,942</b>		<b>6,942</b>	<b>0.02</b>
<b>j</b> <b>Total.</b> Other Benefits			<b>4,234,664</b>	<b>2,039,480</b>	<b>2,195,184</b>	<b>6.09</b>
<b>k</b> <b>Total.</b> Add lines 7d and 7j			<b>4,513,940</b>	<b>2,039,480</b>	<b>2,474,460</b>	<b>6.87</b>

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total					0	0.00

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>X</b>	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5	15,645,785
6 Enter Medicare allowable costs of care relating to payments on line 5	6	15,520,737
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	125,048
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year?	9a	<b>X</b>
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	<b>X</b>

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group **FRANCES MAHON DEACONESS HOSPITAL**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): **1****Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		<b>X</b>
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		<b>X</b>
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	<b>X</b>	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA <b>21</b>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>X</b>	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		<b>X</b>
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	<b>X</b>	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public?	<b>X</b>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <b>WWW.FMDH.ORG</b>		
<b>b</b> <input type="checkbox"/> Other website (list url):		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	<b>X</b>	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy <b>21</b>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?	<b>X</b>	
<b>a</b> If "Yes," (list url): <b>WWW.FMDH.ORG</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		<b>X</b>
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		<b>X</b>
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? <b>\$</b>		

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group **FRANCES MAHON DEACONESS HOSPITAL**

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care <u>140</u> % and FPG family income limit for eligibility for discounted care of <u>240</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.FMDH.ORG</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.FMDH.ORG</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.FMDH.ORG</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information (continued)****Billing and Collections**Name of hospital facility or letter of facility reporting group **FRANCES MAHON DEACONESS HOSPITAL**

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group FRANCES MAHON DEACONESS HOSPITAL

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24	X
If "Yes," explain in Section C.		

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 3e**

"Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through the Community Health Needs Assessment.

**Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 5**

TO SOLICIT INPUT FROM INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED AS PART OF THE CHNA PROCESS AND SENT TO A LIST OF RECOMMENDED PARTICIPANTS INCLUDING PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS AND A VARIETY OF OTHER COMMUNITY LEADERS. ALSO, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, AND OTHER MEDICALLY UNDERSERVED POPULATIONS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. THE PARTICIPANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 43 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. THE INPUT WAS GATHERED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. ON BEHALF OF FRANCES MAHON DEACONESS HOSPITAL IN THE SPRING OF 2022.

**Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 6b**

VALLEY COUNTY PUBLIC HEALTH DEPARTMENT

**Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 11**

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE ONLINE KEY INFORMANT SURVEY PRESENTED THE PARTICIPANTS WITH VARIOUS HEALTH TOPICS AND WERE ASKED TO RATE EACH AS A MAJOR PROBLEM, MODERATE PROBLEM, MINOR PROBLEM, OR NOT A PROBLEM AT ALL IN THEIR OWN COMMUNITY. THESE RESULTS WERE SUMMARIZED AND THROUGH A MEETING WITH INTERNAL AND EXTERNAL STAKEHOLDERS, PRIORITIZATION WAS ACCOMPLISHED USING A PRIORITIZATION EXERCISE THAT GAUGED THE SCOPE & SEVERITY OF THE ISSUES AS WELL AS THE ABILITY OF FRANCES MAHON DEACONESS HOSPITAL TO HAVE SIGNIFICANT IMPACT ON EACH ISSUE. THROUGH DISCUSSION, A CONSENSUS WAS REACHED TO ESTABLISH THE FOLLOWING AS PRIORITIES FOR FRANCES MAHON DEACONESS HOSPITAL TO ADDRESS IN ITS IMPLEMENTATION STRATEGY IN THE COMING YEARS: ACCESS TO HEALTHCARE SERVICES, TOBACCO USE/SUBSTANCE ABUSE, MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY & WEIGHT, INFANT HEALTH & FAMILY PLANNING, AND SEXUAL HEALTH.

THE FIRST HEALTHCARE ISSUE IS TO IMPROVE ACCESS TO HEALTHCARE SERVICES. THE GOALS ARE TO INCREASE AWARENESS OF WHAT THE FMDH PATIENT PORTAL CAN HELP WITH AND TO PROMOTE TELEMEDICINE SERVICES THROUGH THREE STRATEGIES WHICH ARE PROVIDING EDUCATION ON HOW TO USE THE PATIENT PORTAL, PROVIDING TELEMEDICINE SERVICES EITHER AT HOME OR IN THE FACILITY FOR PEOPLE TO SEE PROVIDERS FOR SERVICES THAT ARE NOT AVAILABLE AT FMDH, AND MAKING SURE FMDH HAS THE APPROPRIATE NUMBER OF PROVIDERS TO SERVE OUR AREA.

THE SECOND HEALTHCARE ISSUE IS TO IMPROVE ACCESS TO TOBACCO USE/SUBSTANCE ABUSE RESOURCES. THE GOALS ARE TO DECREASE USE OF TOBACCO AND OTHER SUBSTANCES AND TO EDUCATE PEOPLE ON THE HEALTH HAZARDS ASSOCIATED WITH TOBACCO AND DRUG USE THROUGH TWO STRATEGIES WHICH ARE PARTNERING WITH IDEAL

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**OPTION TO BUILD MORE RESOURCES AND HAVING A AWARENESS CAMPAIGN ON TOBACCO USE.**

**THE THIRD HEALTHCARE ISSUE IS TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES. THE GOAL IS TO PROVIDE BETTER ACCESS TO MENTAL HEALTH SERVICES FOR A VARIETY OF NEEDS THROUGH TWO STRATEGIES WHICH ARE PROVIDING TELEMEDICINE SESSIONS TO THOSE PEOPLE STRUGGLING WITH AREAS THAT FMDH DOESN'T CURRENTLY HAVE PROVIDERS FOR AND CONTINUING TO PROVIDE ACCESS TO PSYCHOLOGISTS AND SOCIAL WORKERS.**

**THE FOURTH HEALTHCARE ISSUE IS TO IMPROVE ACCESS TO NUTRITION, PHYSICAL ACTIVITY & WEIGHT RESOURCES. THE GOALS ARE TO IMPROVE ACCESSIBILITY TO FRESH FRUIT AND VEGGIES, DECREASE CHRONIC ISSUES LIKE DIABETES, COPD, AND HEART DISEASE, AND PROVIDE MORE RESOURCES TO MANAGE AND TRACK CHRONIC ISSUES THROUGH FIVE STRATEGIES WHICH ARE PARTNERING WITH HOSPITALS/ HEALTHCARE FACILITIES IN DANIELS, ROOSEVELT AND PHILLIPS COUNTIES TO SEE IF THE FRESH FRUIT AND VEGGIE PROGRAM CAN BE EXPANDED, PHYSICAL ACTIVITY CAMPAIGN, IMPROVE ON/BUILD RELATIONSHIP WITH FARMER'S MARKET, PROVIDING A NOON SUBSCRIPTION FOR FREE, AND PURCHASING A GREENHOUSE TO HAVE A COMMUNITY GARDEN.**

**THE FIFTH HEALTHCARE ISSUE IS TO IMPROVE ACCESS TO INFANT AND NEW MOM RESOURCES. THE GOALS ARE TO PROVIDE PEOPLE WHO CARE FOR NEWBORNS RESOURCES SO THEY KNOW WHAT TO DO FOR DIFFERENT MILESTONES AND PROVIDE EXERCISES AND RESOURCES FOR NEW MOMS ON HOW TO TAKE CARE OF THEMSELVES, NOT JUST THEIR BABY THROUGH THREE STRATEGIES WHICH ARE PROVIDING EDUCATION ON WHAT TO DO**

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**WITH YOUR NEWBORN FOR DIFFERENT MILESTONES, PROVIDING EDUCATION ON POSTPARTUM HEALTH, AND PROVIDING RESOURCES TO DAY CARE PROVIDERS AND YOUNG PARENTS SO THEY HAVE A PLAN TO FOLLOW.**

**THE SIXTH HEALTHCARE ISSUE IS TO IMPROVE ACCESS TO SEXUAL HEALTH RESOURCES. THE GOAL IS TO CREATE RESOURCES AND SPACES WHERE CHILDREN CAN FIND HELP AND ANSWERS TO THEIR QUESTIONS FROM RELIABLE SOURCES THROUGH THREE STRATEGIES WHICH ARE CREATING AND PROVIDING MAGNETS TO PUBLIC PLACES, CREATING AN ANONYMOUS CALL LINE TO FMDH NURSE'S STATION WHERE PEOPLE CAN ASK QUESTIONS AND GET A CALL BACK WITH AN ANSWER, AND USING FMDH'S PATIENT PORTAL TO SCHEDULE APPOINTMENTS SO THAT ONE WOULDN'T HAVE TO DISCUSS THE ISSUE WITH A SCHEDULER.**

**THE FOLLOWING SIX SIGNIFICANT HEALTH NEEDS THAT EMERGED FROM THE CHNA PROCESS WILL NOT BE ADDRESSED THROUGH THE IMPLEMENTATION STRATEGY, BUT FMDH IS ALREADY PROVIDING CERTAIN SERVICES AND RESOURCES RELATED TO THESE NEEDS WHICH ARE LISTED AFTER EACH HEALTH NEED BELOW.**

**1. CANCER (RANKED 4th) - ADVISORY COMMITTEE MEMBERS FELT THAT MORE PRESSING HEALTH NEEDS EXISTED. LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION. FMDH CONTINUES TO PROVIDE MAMMOGRAPHY SERVICES, A CHEMOTHERAPY DEPARTMENT (SUBSIDIZED SERVICES), AND WE STAFF GENERAL SURGEONS. WE ALSO BRING IN AN ONCOLOGIST AND OFFER DERMATOLOGY AND UROLOGY SERVICES IN THE OUTREACH CLINIC ON A MONTHLY BASIS. THESE SERVICES HELP WITH EARLY DETECTION AND TREATMENT.**

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**2. HEART ATTACK & STROKE (RANKED 7th) - FMDH FEELS THAT EFFORTS OUTLINED HEREIN TO IMPROVE NUTRITION, PHYSICAL ACTIVITY & WEIGHT WILL HAVE A POSITIVE IMPACT ON HEART ATTACKS AND STROKES AND THAT A SEPARATE SET OF SPECIFIC HEART ATTACK AND STROKE INITIATIVES WAS NOT NECESSARY. FMDH CONTINUES TO BE A COOPERATIVE MEMBER IN THE STAT AIR AMBULANCE SERVICE AND HAS A WHOLLY OWNED GROUND AMBULANCE SERVICE (SUBSIDIZED SERVICES) FOR OUR COUNTY. THESE EFFORTS HELP WITH A QUICKER RESPONSE, AND IF NEEDED, TRANSPORTATION TO A TERTIARY HEALTHCARE CENTER. WE ALSO OFFER CARDIAC REHAB WHICH IS INCLUDED IN THE SUBSIDIZED HEALTH SERVICES, AND WE HAVE HAD TELESTROKE SPECIALISTS AVAILABLE SINCE 2018.**

**3. ORAL HEALTH (RANKED 9th) - ADVISORY COMMITTEE MEMBERS FELT THAT MORE PRESSING HEALTH NEEDS EXISTED. LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION. THERE ARE 3 DENTAL CLINICS IN TOWN AND THEY PROVIDE THIS SERVICE AND HAVE BETTER RESOURCES TO ADDRESS THIS HEALTH ISSUE. ALSO, AS PART OF THE PEDIATRIC WELLNESS EXAMS THERE ARE CONVERSATIONS ABOUT FLUORIDE SUPPLEMENTS AND DENTAL CARE, AND WE WILL REFER TO THE VALLEY COUNTY HEALTH DEPARTMENT FOR FLUORIDE VARNISH WHEN APPROPRIATE.**

**4. INJURY & VIOLENCE (RANKED 12th) - FMDH BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF LAW ENFORCEMENT AND OTHER COMMUNITY ORGANIZATIONS. LIMITED RESOURCES AND A LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION. FMDH CONTINUES TO COORDINATE RESPONSE EFFORTS WITH THE LOCAL LAW ENFORCEMENT ENTITIES THROUGH AN ANNUAL DRILL. THE PEDIATRIC WELLNESS EXAMS INCLUDE QUESTIONS ABOUT FIREARMS IN THE HOME. WELLNESS EXAMS**

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INCLUDE VIOLENCE RELATED QUESTIONS REGARDING IF THE PATIENT FEELS SAFE IN THEIR HOME AND WE WILL MAKE THE NECESSARY REFERRALS BASED ON THE RESPONSE. THE WELLNESS EXAMS ALSO INCLUDE SCREENINGS OF SEATBELT/RESTRAINT USE FROM NEWBORNS TO THE ELDERLY.

5. RESPIRATORY DISEASE (RANKED 13th) - ADVISORY COMMITTEE MEMBERS FELT THAT MORE PRESSING HEALTH NEEDS EXISTED. LIMITED RESOURCES AND LOWER PRIORITY EXCLUDED THIS AS AN AREA CHOSEN FOR ACTION. FMDH CONTINUES TO COLLABORATE WITH VALLEY COUNTY HEALTH DEPARTMENT ON COVID-19 SWABBING AND VACCINATION CLINIC EVENTS, AS WELL AS FOR DISTRIBUTION OF HOME TESTING KITS. WE ALSO CONTINUE TO KEEP OUR RESPIRATORY CLINIC ENTRANCE SEPARATE FROM THE MAIN CLINIC ENTRANCE. ADDITIONALLY, WE OFFER A RESPIRATORY REHAB PROGRAM THAT INCLUDES SMOKING CESSATION WHICH IS INCLUDED IN SUBSIDIZED HEALTH SERVICES.

6. DIABETES (RANKED 6th) - FMDH FEELS THAT EFFORTS OUTLINED HEREIN TO IMPROVE NUTRITION, PHYSICAL ACTIVITY & WEIGHT WILL HAVE A POSITIVE IMPACT ON DIABETES AND THAT A SEPARATE SET OF SPECIFIC DIABETES INITIATIVES WAS NOT NECESSARY. WE BEGAN PROVIDING NEW SERVICES LINES LIKE CHRONIC CARE MANAGEMENT AND TRANSITIONAL CARE MANAGEMENT SERVICES THAT MAY BENEFIT THOSE WITH DIABETES.

Facility 1, FRANCES MAHON DEACONESS HOSPITAL - Part V, Line 24

Some services provided by the hospital are considered elective. Elective services are not eligible for financial assistance thus a person qualifying for a discount for medically necessary services may need to pay full price for elective services.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**Part I, Line 7g - Subsidized Health Services Explanation**

**THERE IS NO COST OF BAD DEBT TO REMOVE FROM THE COMMUNITY BENEFIT EXPENSE IN COLUMN C.**

**Part I, Line 7 - Costing Methodology Explanation**

**USED ADJUSTED COST TO CHARGE RATIOS FOR PATIENT CARE FROM THE MEDICARE COST REPORT, ADJUSTED FOR BED TAX AND COMMUNITY BENEFIT. BAD DEBT EXPENSE AND FINANCIAL ASSISTANCE ARE ALREADY EXCLUDED FROM THE MEDICARE COST REPORT.**

**Part III, Line 2 - Bad Debt Expense Methodology**

**THE ORGANIZATION'S PATIENT CARE COST TO CHARGE RATIO, AFTER ELIMINATING BAD DEBT EXPENSE, FINANCIAL ASSISTANCE, BED TAX, AND COMMUNITY BENEFIT EXPENSE, IS APPLIED TO GROSS BAD DEBT CHARGES, NOT INCLUDING IMPLICIT PRICE CONCESSIONS, TO ARRIVE AT THE COST OF BAD DEBT. DISCOUNTS AND IMPLICIT PRICE CONCESSIONS REDUCE REVENUE AND ARE NOT RECORDED AS BAD DEBT. PAYMENTS RECEIVED ON PREVIOUSLY WRITTEN OFF ACCOUNTS ARE RECORDED AS RECOVERIES OF IMPLICIT PRICE CONCESSIONS OR BAD DEBT, WHICH REDUCE IMPLICIT PRICE CONCESSIONS OR BAD DEBT EXPENSE. PATIENT OBLIGATIONS WHICH QUALIFY FOR**

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**FINANCIAL ASSISTANCE ARE NOT RECORDED AS IMPLICIT PRICE CONCESSIONS OR  
BAD DEBT EXPENSE.**

**Part III, Line 4 - Bad Debt Expense Footnote to Financial Statements**

**THERE WERE NO BAD DEBT EXPENSES RECORDED AND THEREFORE NO RELATED FOOTNOTE  
AFTER ADOPTING THE NEW REVENUE RECOGNITION GUIDANCE IN FASB ASU 2014-  
09. MOST TRANSACTIONS WHICH PREVIOUSLY WOULD HAVE BEEN RECORDED AS BAD DEBT  
EXPENSE ARE CLASSIFIED AS IMPLICIT PRICE CONCESSIONS WHICH ARE RECORDED AS  
REDUCTIONS IN REVENUE VERSUS BAD DEBT EXPENSE. THE AUDITED FINANCIAL  
STATEMENTS ARE NOT YET AVAILABLE SO INTERNAL FINANCIAL STATEMENTS WERE  
ATTACHED. THE INTERNAL FINANCIAL STATEMENTS DO NOT INCLUDE FOOTNOTES.**

**Part III, Line 8 - Medicare Explanation**

**THERE IS A MEDICARE SURPLUS SINCE CRITICAL ACCESS HOSPITALS ARE REIMBURSED  
101 PERCENT OF COST FROM MEDICARE AND THE 2 PERCENT SEQUESTRATION  
ADJUSTMENT WAS REINSTATED IN APRIL 2022. MEDICARE COSTS ON PART III, LINE 6  
ARE DIRECTLY FROM THE MEDICARE COST REPORT. MEDICARE REVENUE ON PART III,  
LINE 5 IS DIRECTLY FROM THE MEDICARE COST REPORT.**

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**Part III, Line 9b - Collection Practices Explanation**

THE ORGANIZATION USES A SLIDING SCALE BASED ON FEDERAL POVERTY GUIDELINES, COMBINED WITH AN ASSET TEST AND A MEDICALLY INDIGENT TEST REGARDLESS OF INCOME, TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE. THE ORGANIZATION DOES NOT ATTEMPT TO COLLECT CHARGES APPROVED AS FINANCIAL ASSISTANCE. FOR PATIENTS THAT HAVE HAD A PORTION OF THEIR ACCOUNT WRITTEN OFF AS FINANCIAL ASSISTANCE AND THAT LATER DEFAULT ON THE PORTION THAT WAS DETERMINED TO BE THEIR RESPONSIBILITY, AND THEREFORE IS NOT CONSIDERED FINANACIAL ASSISTANCE, THE ORGAINIZATION DOES ATTEMPT TO COLLECT THIS BALANCE.

**Part VI, Line 2 - Needs Assessment**

PURSUANT TO THE PROVISIONS OF THE AFFORDABLE CARE ACT, FRANCES MAHON DEACONESS HOSPITAL COMPLETED A COMMUNITY NEEDS ASSESSMENT AND IMPLEMENTATION PLAN DURING FISCAL YEARS 2016, 2019, & 2022 (TAX YEARS 2015,

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

2018, & 2021). THESE ASSESSMENTS ARE LOCATED ON THE ENTITY'S WEBSITE.

HOWEVER, FRANCES MAHON DEACONESS HOSPITAL (FMDH) HAS TRADITIONALLY INCLUDED

COMMUNITY NEEDS ASSESSMENTS IN ITS PLANNING FOR MANY YEARS AND UTILIZES

MANY METHODS OF ASSESSING THE PATIENT SERVICES NEEDS FOR OUR SERVICE AREA.

THESE INCLUDE BUT ARE NOT LIMITED TO: ANALYSIS OF OUTMIGRATION STATISTICS

OBTAINED THROUGH ACCESS TO THE COMPDATA DATABASE PROVIDED THROUGH THE

MONTANA HOSPITAL ASSOCIATION AND MODELING OF PATIENT TO POPULATION RATIOS

TO IDENTIFY AND PLAN FOR THE APPROPRIATE PROVIDER MIX TO SERVE THE

COMMUNITY. IN ADDITION, FMDH PARTICIPATED IN AN AREA HEALTH EDUCATION

CENTER LEAD COMMUNITY HEALTH SERVICES DEVELOPMENT ASSESSMENT. IDEAS

GENERATED OUT OF EACH OF THESE EFFORTS ARE THEN EVALUATED AS TO THE

CAPABILITIES OF OUR ORGANIZATION TO DEVELOP IDENTIFIED SERVICES. MINIMUM

CRITERIA FOR DEVELOPMENT OF NEW OR MODIFICATION OF EXISTING SERVICES ARE:

THE NEW OR MODIFIED SERVICE CAN REASONABLY FINANCIALLY SUPPORT ITS

OPERATION; WE HAVE OR CAN ACQUIRE THE NECESSARY PERSONNEL WITH THE

CREDENTIALS TO DELIVER THE SERVICE AND RETAIN ENOUGH PERSONNEL WITH THE

REQUIRED SKILL SETS TO AVOID INTERRUPTION OF SERVICE DELIVERY IF SAID

PERSONNEL TURN OVER; THE SERVICES CAN BE DELIVERED IN A MANNER THAT

Schedule H (Form 990) 2021

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**ACHIEVES APPROPRIATELY HIGH LEVELS OF PATIENT SATISFACTION.**

**Part VI, Line 3 - Patient Education of Eligibility for Assistance**

**FRANCES MAHON DEACONESS HOSPITAL EMPLOYS A FINANCIAL COUNSELOR WHO HAS THE SOLE RESPONSIBILITY TO WORK WITH PATIENTS TO NAVIGATE OUR FINANCIAL ASSISTANCE PROGRAM. ALL PATIENTS ARE SENT INFORMATION AT THE INITIAL BILLING FOR DELIVERED PATIENT SERVICES THAT DESCRIBES OUR FINANCIAL ASSISTANCE PROGRAM. OUR WEBSITE HAS INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM ALONG WITH ACCESS TO THE APPLICATION. FRANCES MAHON DEACONESS HOSPITAL ALSO EMPLOYS A STAFF MEMBER THAT IS A CERTIFIED APPLICATION COUNSELOR THAT HELPS COMMUNITY MEMBERS WITH APPLYING FOR INSURANCE AND MEDICAID ON THE MARKETPLACE.**

**Part VI, Line 4 - Community Information**

**FRANCES MAHON DEACONESS HOSPITAL IS LOCATED IN GLASGOW MONTANA WHICH IS OVER FOUR HOURS HIGHWAY TRAVEL TIME AWAY FROM ANY TERTIARY MEDICAL CENTER. WHILE OUR PRIMARY SERVICE AREA CONSISTS OF GLASGOW MONTANA AND VALLEY COUNTY, OUR FACILITY AND SPECIALTY SERVICES ALSO DRAW FROM PORTIONS OF THE**

**Part VI Supplemental Information**

Provide the following information.

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SURROUNDING COUNTIES OF DANIELS, ROOSEVELT, AND PHILLIPS. THE AREA IS  
PRIMARILY AGRICULTURAL BASED WITH LOW POPULATION DENSITIES WHICH HOUSES  
A TOTAL POPULATION OF 24,453 RESIDENTS OVER 13,846.91 SQUARE MILES. THE  
DIFFERENT AGE GROUPS OF THE SERVICE AREA ARE AS FOLLOWS: 27.6% ARE INFANTS,  
CHILDREN OR ADOLESCENTS AGES 0-17; ANOTHER 55.1% ARE AGES 18 TO 64, WHILE  
17.3% ARE AGES 65 AND OLDER. THE POPULATION IS MOSTLY WHITE, BUT PORTIONS  
OF OUR EXTENDED SERVICE AREA HAVE HIGH POPULATIONS OF NATIVE AMERICAN  
ANCESTRY (30.9% IN THE TOTAL SERVICE AREA) TO WHICH WE PROVIDE SERVICES.  
THE STATISTICS PROVIDED ABOVE ARE BASED ON THE US CENSUS BUREAU AMERICAN  
COMMUNITY SURVEY 5-YEAR ESTIMATES (2015-2019).

Part VI, Line 5 - Promotion of Community Health

FRANCES MAHON DEACONESS HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF. WE ARE  
GOVERNED BY A VOLUNTARY BOARD OF COMMUNITY PERSONS REPRESENTING MOST OF THE  
INDIVIDUAL TOWNS OR GEOGRAPHICAL AREAS OF OUR PRIMARY SERVICE AREA. FOR  
NONELECTIVE SERVICES, WE TREAT PATIENTS WITHOUT REGARD TO ABILITY TO PAY,  
CONSISTENT WITH OUR ORIGINS AS A HILL BURTON FUNDED FACILITY. ALTHOUGH OUR  
HILL BURTON OBLIGATION WAS SATISFIED MANY YEARS AGO, WE STILL ADHERE TO THE

**Part VI Supplemental Information**

Provide the following information.

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PRINCIPLES INHERENT IN THAT OBLIGATION. SURPLUS FUNDS ARE RETAINED WITHIN THE ORGANIZATION TO ASSURE FULFILLMENT OF OUR CHARITABLE MISSION BOTH IN THE PRESENT AND IN THE FUTURE.**

**Part VI, Line 6 - Affiliated Health Care System**

**FRANCES MAHON DEACONESS HOSPITAL PROVIDES HOSPITAL INPATIENT AND OUTPATIENT SERVICES. GLASGOW CLINIC INC PROVIDES PROFESSIONAL PRIMARY CARE PHYSICIAN, MIDLEVEL PROVIDER, AND SPECIALTY PHYSICIAN SERVICES.**

**HI-LINE MEDICAL SERVICES INC PROVIDES RETAIL PHARMACY SERVICES.**

**Additional Information**

**PART I, LINE 6A: THE FORM 990 SCHEDULE H IS CONSIDERED AN ANNUAL COMMUNITY BENEFIT REPORT AND IT IS AVAILABLE TO THE PUBLIC ON OUR WEBSITE.**

**PART 1, LINE 7e: FMDH CONTRIBUTED TO THE VALLEY COUNTY SCHOOL SNACK PROGRAM, PAID FOR A WEBSITE SUBSCRIPTION AND OTHER SUPPORT FOR THE VALLEY CARE COALITION, AND PROVIDED MENTAL HEALTH FIRST AID TRAINING & RELATED BOOKS. FMDH ALSO SPONSORED A YOUTH EVENT AND WALK, PROVIDED FUNDS**

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**TOWARDS ACCESS TO CARE ACTIVITIES AND PAID FOR A NEW CHNA FOR 2022.**

**PART I, LINE 7i: FMDH CONTRIBUTED TO THE VALLEY COUNTY POOL CAMPAIGN.**

**PART V: GLASGOW CLINIC INC IS A SEPARATE ORGANIZATION THAT IS A RURAL HEALTH CLINIC WHICH INCLUDES SPECIALTY PHYSICIAN PRACTICES. FMDH WHOLLY OWNS AND MANAGES THIS ENTITY AND SUBSIDIZES THE PHYSICIAN PRACTICES AS NEEDED TO ASSURE ACCESS TO AS FULL OF A SCOPE OF SERVICES AS IS APPROPRIATE GIVEN THE NEEDS OF THE COMMUNITY WE SERVE. GLASGOW CLINIC'S REVENUES AND EXPENSES ARE NOT INCLUDED ON FMDH'S FORM 990.**

**HI-LINE MEDICAL SERVICES, INC IS A SEPARATE ORGANIZATION WHICH CONSISTS OF A RETAIL PHARMACY AND IS WHOLLY OWNED AND OPERATED BY FMDH. THEIR REVENUES AND EXPENSES ARE NOT INCLUDED ON FMDH'S FORM 990.**

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

81-0231786

FRANCES MAHON DEACONESS HOSPITAL

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VALLEY VIEW HOME 1225 PERRY LANE Glasgow MT 59230	81-0295816	501C3	88,471				SUPPORT OF OPERATION
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2021)